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FACSIMILE TRANSMISSION

DATE: November 20, 2006

TO: EXAMINER EDEN ORGAD

FACSIMILE NO.: 571-273-8300

FROM: John G. Posa

PAGES TRANSMITTED (INCLUDING COVER SHEET): 3

ORIGINAL DOCUMENTS WILL _____ **/ WILL NOT** XX **FOLLOW BY MAIL**

RE: SN 09/625,531

MESSAGE:

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PTO/SB/31 (09-08)

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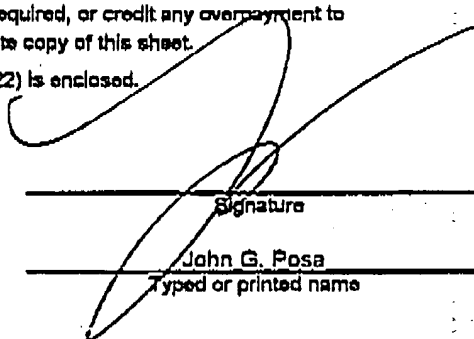
NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) VID-01202/29
In re Application of John Posa et al.		
Application Number 09/625,531; Conf. #7887		Filed July 6, 2000
For REMOTE MICROPHONE TELECONFERENCING CONFIGURATIONS		
Art Unit 2684		Examiner E. Orgad

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))

<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:	\$ <u>500.00</u>
<input type="checkbox"/> A check in the amount of the fee is enclosed.	\$ <u>250.00</u>
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.	
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.	
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>07-1180</u> . I have enclosed a duplicate copy of this sheet.	
<input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.	

I am the

<input type="checkbox"/> applicant/inventor.	
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)	
<input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>37,424</u>	 Signature <u>John G. Posa</u> Typed or printed name
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____	<u>(734) 913-9300</u> Telephone number <u>November 20, 2006</u> Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 forms are submitted.

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I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.

Dated: 11-20-06

Signature: Sheryl Hammer (Sheryl Hammer)